

Household Report - Long Form

Program Name: Low Income Home Energy Assistance

Grantee Name:

Report Name: Household Report - Long Form

Report Period: 10/01/2019 to 09/30/2020

Report Status: Saved

Division of Energy Assistance

Office of Community Services

Administration for Children and Families

The U.S. Department of Health and Human Services

OMB Clearance No.: 0970-0060

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LOW INCOME HOME ENERGY ASSISTANCE PROGRAM LIHEAP HOUSEHOLD REPORT-LONG FORM

Grantee Information

Grantee Name:	FFY2020(10/01/2019 - 09/30/2020)
Contact Person:	Phone:
Email Address:	

Instructions

The 50 States, District of Columbia, and the Commonwealth of Puerto Rico and other territories are required to use the LIHEAP Household Report-Long Form in providing household counts for the designated Federal Fiscal Year. The Report consists of the following six sections that are to include unduplicated household counts for both LIHEAP assisted and LIHEAP applicant households.

- I. Number of Assisted Households
- II. Number of Assisted Households by Poverty Interval
- III. Number of Assisted Households by Vulnerable Population
- IV. Number of Applicant Households
- V. Number of Applicant Households by Poverty Interval
- VI. Number of Assisted Households by Young Child Age Category

Except for Section VI, the household counts for LIHEAP assisted and applicant households are required under the LIHEAP statute. Section VI is optional. If LIHEAP funds are used for any other type of service not listed in the sections below, describe the service and the total number of households assisted with that service in the Notes Section.

The required data for LIHEAP assisted households for each State are included in the Department's LIHEAP annual Report to Congress. The required data are also used in measuring LIHEAP targeting performance under the Government Performance and Results Act (GPRA) of 1993, as amended by the GPRA Modernization Act of 2010. As the reported data are aggregated, the information in this report is not considered to be confidential.

To separately identify the impact of supplemental federal LIHEAP funding, HHS expanded the LIHEAP Household Report - Long Form for FY 2020. For each item in the report, the revised form now includes three lines.

- The first line is for grantees to report information for all applicable households regardless of funding source. This is consistent with what grantees were required to report in the past. Grantees should report the total count of households, counting each household once if it received that type of assistance during FY 2020.
- The second line is for grantees to report information for all applicable households that were assisted with CARES Act supplemental LIHEAP funding. Include households that received a benefit that was fully or partially funded with CARES Act funds. Exclude households that did not receive a benefit that was fully or partially funded by CARES Act funds.
- The third line is for grantees to report information for all applicable households that were assisted with other federal supplemental LIHEAP funding (not including CARES Act funding), if any. Include households that received a benefit that was fully or partially funded with other Federal Supplemental LIHEAP funding (not including CARES Act funding). Exclude households that did not receive a benefit that was fully or partially funded by other Federal Supplemental LIHEAP funding (not including CARES Act funding).

To report this information, grantees will need to identify which funding sources were used to provide each household with each type of LIHEAP assistance during FY 2020.

During FY 2020, grantees received regular LIHEAP funding and CARES Act supplemental LIHEAP funding, but did not receive other federal supplemental LIHEAP funding.

Therefore, lines labelled as reserved for other supplemental funding are locked from editing.

Click [HERE](#) to read the expanded Household Report - Long Form Instructions.

Do the data below include estimated figures?

If YES, select the appropriate box in column A of Section I and Section IV for each type of assistance that has at least one estimated data entry.

Select One

☐ Yes ☐ No

I. Number of Assisted Households

Number of assisted households		
Type of LIHEAP assistance	A. Select if estimated data	B. Total Number of Households
1. Heating	<input type="checkbox"/>	
2. Heating (CARES Act funding only)	<input type="checkbox"/>	
3. Heating (Reserved for other supplemental funding)		
4. Cooling	<input type="checkbox"/>	
5. Cooling (CARES Act funding only)	<input type="checkbox"/>	
6. Cooling (Reserved for other supplemental funding)		
7. Crisis		
a. Year Round	<input type="checkbox"/>	
b. Year Round (CARES Act funding only)	<input type="checkbox"/>	
c. Year Round (Reserved for other supplemental funding)		
d. Winter	<input type="checkbox"/>	
e. Winter (CARES Act funding only)	<input type="checkbox"/>	
f. Winter (Reserved for other supplemental funding)		
g. Summer	<input type="checkbox"/>	
h. Summer (CARES Act funding only)	<input type="checkbox"/>	
i. Summer (Reserved for other supplemental funding)		
j. Emergency Furnace Repair & Replacement	<input type="checkbox"/>	
k. Emergency Furnace Repair & Replacement (CARES Act funding only)	<input type="checkbox"/>	
l. Emergency Furnace Repair & Replacement (Reserved for other supplemental funding)		
m.	<input type="checkbox"/>	
n.(CARES Act funding only)	<input type="checkbox"/>	
o. (Reserved for other supplemental funding)		
p.	<input type="checkbox"/>	
q.(CARES Act funding only)	<input type="checkbox"/>	
r. (Reserved for other supplemental funding)		
8. Weatherization	<input type="checkbox"/>	
9. Weatherization (CARES Act funding only)	<input type="checkbox"/>	
10. Weatherization (Reserved for other supplemental funding)		
11. Any type of LIHEAP assistance	<input type="checkbox"/>	
12. Any type of LIHEAP assistance (CARES Act funding only)	<input type="checkbox"/>	
13. Any type of LIHEAP assistance (Reserved for other supplemental funding)		
14. Bill Payment Assistance	<input type="checkbox"/>	

15. Bill Payment Assistance (CARES Act funding only)	<input type="checkbox"/>	
16. Bill Payment Assistance (Reserved for other supplemental funding)		
17. Nominal Payments	<input type="checkbox"/>	
18. Nominal Payments (CARES Act funding only)	<input type="checkbox"/>	
19. Nominal Payments (Reserved for other supplemental funding)		

II. Number of Assisted Households by Poverty Interval

Applicable HHS Poverty Guidelines, in effect at the beginning of FFY					
Type of LIHEAP assistance	A. Under 75% poverty	B. 75%-100% poverty	C. 101%-125% poverty	D. 126%-150% poverty	E. Over 150% poverty
1. Heating					
2. Heating (CARES Act funding only)					
3. Heating (Reserved for other supplemental funding)					
4. Cooling					
5. Cooling (CARES Act funding only)					
6. Cooling (Reserved for other supplemental funding)					
7. Crisis					
a. Year Round					
b. Year Round (CARES Act funding only)					
c. Year Round (Reserved for other supplemental funding)					
d. Winter					
e. Winter (CARES Act funding only)					
f. Winter (Reserved for other supplemental funding)					
g. Summer					
h. Summer (CARES Act funding only)					
i. Summer (Reserved for other supplemental funding)					
j. Furnace Repair & Replacement					
k. Emergency Furnace Repair & Replacement (CARES Act funding only)					
l. Emergency Furnace Repair & Replacement (Reserved for other supplemental funding)					
m.					
n. (CARES Act funding only)					
o. (Reserved for other supplemental funding)					
p.					
q. (CARES Act funding only)					
r. (Reserved for other supplemental funding)					
8. Weatherization					
9. Weatherization (CARES Act funding only)					
10. Weatherization (Reserved for other supplemental funding)					

III. Number of Assisted Households by Vulnerable Population

Number of assisted households with at least one member of the following target groups				
Type of LIHEAP assistance	A. 60 years or older (elderly)	B. Disabled	C. Age 5 years or under (young child)	D. Elderly, disabled, or young child
1. Heating				

2. Heating (CARES Act funding only)				
3. Heating (Reserved for other supplemental funding)				
4. Cooling				
5. Cooling (CARES Act funding only)				
6. Cooling (Reserved for other supplemental funding)				
7.Crisis				
a. Year Round				
b. Year Round (CARES Act funding only)				
c. Year Round (Reserved for other supplemental funding)				
d. Winter				
e. Winter (CARES Act funding only)				
f. Winter (Reserved for other supplemental funding)				
g. Summer				
h. Summer (CARES Act funding only)				
i. Summer (Reserved for other supplemental funding)				
j. Emergency Furnace Repair & Replacement				
k. Emergency Furnace Repair & Replacement (CARES Act funding only)				
l. Emergency Furnace Repair & Replacement (Reserved for other supplemental funding)				
m.				
n. (CARES Act funding only)				
o. (Reserved for other supplemental funding)				
p.				
q. (CARES Act funding only)				
r. (Reserved for other supplemental funding)				
8. Weatherization				
9. Weatherization (CARES Act funding only)				
10. Weatherization (Reserved for other supplemental funding)				
11. Any type of LIHEAP assistance				
12. Any type of LIHEAP assistance (CARES Act funding only)				
13. Any type of LIHEAP assistance (Reserved for other supplemental funding)				

IV. Number of Applicant Households

Number of applicant households		
Type of LIHEAP assistance	A. Select if estimated data	B. Total Number of Households
1. Heating	<input type="checkbox"/>	
2. Heating (CARES Act funding only)	<input type="checkbox"/>	
3. Heating (Reserved for other supplemental funding)		
4. Cooling	<input type="checkbox"/>	
5. Cooling (CARES Act funding only)	<input type="checkbox"/>	
6. Cooling (Reserved for other supplemental funding)		
7.Crisis		
a. Year Round	<input type="checkbox"/>	
b. Year Round (CARES Act funding only)	<input type="checkbox"/>	
c. Year Round (Reserved for other supplemental funding)		

d. Winter	<input type="checkbox"/>	
e. Winter (CARES Act funding only)	<input type="checkbox"/>	
f. Winter (Reserved for other supplemental funding)		
g. Summer	<input type="checkbox"/>	
h. Summer (CARES Act funding only)	<input type="checkbox"/>	
i. Summer (Reserved for other supplemental funding)		
j. Emergency Furnace Repair & Replacement	<input type="checkbox"/>	
k. Emergency Furnace Repair & Replacement (CARES Act funding only)	<input type="checkbox"/>	
l. Emergency Furnace Repair & Replacement (Reserved for other supplemental funding)		
m.	<input type="checkbox"/>	
n. (CARES Act funding only)	<input type="checkbox"/>	
o. (Reserved for other supplemental funding)		
p.	<input type="checkbox"/>	
q. (CARES Act funding only)	<input type="checkbox"/>	
r. (Reserved for other supplemental funding)		
8. Weatherization	<input type="checkbox"/>	
9. Weatherization (CARES Act funding only)	<input type="checkbox"/>	
10. Weatherization (Reserved for other supplemental funding)		

V. Number of Applicant Households by Poverty Interval

Applicable HHS Poverty Guidelines, in effect at the beginning of FFY						
Type of LIHEAP assistance	Under 75% poverty	75%-100% poverty	101%-125% poverty	126%-150% poverty	Over 150% poverty	F. Income data unavailable
1. Heating						
2. Heating (CARES Act funding only)						
3. Heating (Reserved for other supplemental funding)						
4. Cooling						
5. Cooling (CARES Act funding only)						
6. Cooling (Reserved for other supplemental funding)						
7. Crisis						
a. Year Round						
b. Year Round (CARES Act funding only)						
c. Year Round (Reserved for other supplemental funding)						
d. Winter						
e. Winter (CARES Act funding only)						
f. Winter (Reserved for other supplemental funding)						
g. Summer						
h. Summer (CARES Act funding only)						
i. Summer (Reserved for other supplemental funding)						
j. Emergency Furnace Repair & Replacement						
k. Emergency Furnace Repair & Replacement (CARES Act funding only)						
l. Emergency Furnace Repair & Replacement (Reserved for other supplemental funding)						
m.						

n. (CARES Act funding only)						
o. (Reserved for other supplemental funding)						
p.						
q. (CARES Act funding only)						
r. (Reserved for other supplemental funding)						
8. Weatherization						
9. Weatherization (CARES Act funding only)						
10. Weatherization (Reserved for other supplemental funding)						

VI. Number of Assisted Households by Young Child Age Category (Optional)

At least one member who is		
Type of LIHEAP assistance	A. Age 2 years or under	B. Age 3 years through 5 years
1. Heating		
2. Heating (CARES Act funding only)		
3. Heating (Reserved for other supplemental funding)		
4. Cooling		
5. Cooling (CARES Act funding only)		
6. Cooling (Reserved for other supplemental funding)		
7. Crisis		
a. Year Round		
b. Year Round (CARES Act funding only)		
c. Year Round (Reserved for other supplemental funding)		
d. Winter		
e. Winter (CARES Act funding only)		
f. Winter (Reserved for other supplemental funding)		
g. Summer		
h. Summer (CARES Act funding only)		
i. Summer (Reserved for other supplemental funding)		
j. Emergency Furnace Repair & Replacement		
k. Emergency Furnace Repair & Replacement (CARES Act funding only)		
l. Emergency Furnace Repair & Replacement (Reserved for other supplemental funding)		
m.		
n. (CARES Act funding only)		
o. (Reserved for other supplemental funding)		
p.		
q. (CARES Act funding only)		
r. (Reserved for other supplemental funding)		
8. Weatherization		
9. Weatherization (CARES Act funding only)		
10. Weatherization (Reserved for other supplemental funding)		
Notes		

Certification

Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

a. Name of Authorized Official:	d. Telephone:
b. Title of Authorized Official:	e. Email address:
c. Signature of Authorized Official:	f. Date Submitted: